

04/02/01



J1003 U.S. PTO

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**TRANSMITTAL OF
UTILITY
APPLICATION
UNDER 37
C.F.R. §1.53**

Attorney Docket No.

24731-500G

First named inventor

Micheal L. Gruenberg

Express mail label #

EL675147244US

Date of mailing

April 2, 2001

J1040 U.S. PTO

09/824906

04/02/01

Application Elements

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 87 pages
(including claims and Abstract)
 - a. Title: AUTOLOGOUS IMMUNE CELL THERAPY:
CELL COMPOSITIONS, METHODS AND
APPLICATIONS TO TREATMENT OF HUMAN
DISEASE
 - b. Number of claims: 101
3. ☐ ___ sheets of drawings with ___ Figs.
4. ☒ Copy of Declaration filed in parent
application.
5. ☐ Sequence Listing
 - ☐ Paper copy (identical to computer copy)
 - ☐ Computer readable copy
 - ☐ Verified statement

Accompanying Application Papers

6. ☒ Copy of assignment from prior
application
7. ☒ Small Entity Status is claimed
8. ☐ Preliminary Amendment
9. ☒ Return Receipt Postcard

SIGNATURE OF ATTORNEY/AGENT

HELLER EHRMAN WHITE & McAULIFFE LLP

Stephanie Seidman

Registration Number: 33,779

☒ Divisional application of prior application No: 08/700,565, filed July 25, 1996, which claims the benefit of priority under 35 U.S.C. §119(e) to provisional application 60/044,693, filed on July 26, 1995.

CORRESPONDENCE ADDRESS

NAME

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09824906 "04/02/01"

**FEE TRANSMITTAL
ACCOMPANYING UTILITY
APPLICATION UNDER
37 C.F.R. §1.53**

Attorney Docket No.	24731-500G
First named inventor	Micheal L. Gruenberg
Express mail label #	EL675147244US
Date of mailing	April 2, 2001

FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee		\$ 710.00
b)	Independent Claims <u>5</u> - 3 = <u>2</u> x \$ 80.00		\$ 160.00
c)	Total Claims <u>101</u> - 20 = <u>81</u> x \$ 18.00		\$ 1458.00
d)	Fee for Multiple Dependent Claims - \$260.00		\$ 0.00
	TOTAL FILING FEE		\$ 2328.00

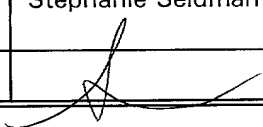
[X] Status as Small Entity is claimed,
reducing Fee by one-half to \$1164.00

[X] A check in the amount of \$1164.00 to cover the fee for filing the application.

[] Charge \$.00 to Deposit Account No. 50-1213.

[X] The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:				
Typed or printed name	Stephanie Seidman		Reg. Number	33,779
Signature		Date	04/02/01	Deposit Account
				50-1213

T.C. 2004-03 30542860